



Advice NI

Membership Form

(including Professional Indemnity & Directors
and Officers Insurance)

April 2009 - March 2010

PLEASE ENSURE ALL SECTIONS OF THIS FORM HAVE BEEN COMPLETED, AND RETURN TO:

Advice NI, 1 Rushfield Avenue, BELFAST BT7 3FP

Tel: 028 9064 5919 Fax: 028 9049 2313 e-mail: info@adviceni.net web: www.adviceni.net



National
Training Awards
Northern Ireland
2006



INVESTOR IN PEOPLE

Advice NI is a company limited by guarantee in Northern Ireland No: NI071966

HMRC Charity reference No: XR16104

Membership Form

1st April 2009 - 31st March 2010
 Incorporating Membership of Advice UK



Membership

1. The Centre/Organisation

Name of Organisation:.....

Address:.....

.....

County:.....Postcode:.....

Tel:.....Fax:..... Email:.....

Website:.....Contact Person:.....

Advice Centre Opening Hours:

Outreach Hours & Venues:

2. Membership Criteria (Full Membership)

The criteria below and the principle of non-discrimination are part of Advice NI's Constitution. Centres wishing to apply for or renew Advice NI's membership MUST confirm that they fulfil the criteria by ticking the appropriate boxes.

Criteria	Yes	No
The centre is striving to pursue a policy of Equal Opportunities		
Advice is part of the centre's work		
The centre operates a confidentiality Policy (see details below)		
The centre operates a complaints procedure (see details below)		
The centre is independent of central or local government control (This will exclude from Membership any centres directly managed by the local authority, but not those funded by them)		
The centre has a means by which it is accountable to the community (This is normally a management committee which meets regularly)		
The centre is non-profit making and advice is free		
Case Recording	Which case recording system(s) does your centre use? (eg. AIMS, CARMA, Manual, etc) Please Specify:	



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Membership

<p>We wish to apply for Advice NI Professional Indemnity Insurance <input type="checkbox"/></p> <p>(please complete all sections of this form)</p>	<p>Data Protection Is your centre registered under Data Protection Act 1998</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide a copy of your current certificate. Otherwise contact Advice NI</p>
<p>We have Professional Indemnity Insurance with another company <input type="checkbox"/></p> <p>(please provide a copy of your certificate of cover)</p>	

3. Supporting Documentation

SUPPORTING DOCUMENTATION (Membership is not available if this section is incomplete) In order to demonstrate that our centre meets Advice NI's Membership Criteria, we enclose copies of the following documentation: Existing members do not need to re-send documents unless they have been updated or changed.

Advice Service Development Plan	or	Please contact Advice NI for a template	
Equal Opportunities Policy	or	Please contact Advice NI for a template	
Constitution	or	Please contact Advice NI for a template	
A list of Management Committee Members			
Complaints Procedure	or	Please contact Advice NI for a template	
Confidentiality Policy	or	Please contact Advice NI for a template	
Latest Annual Report			

4. Quality Assurance

Is your centre accredited (or working towards accreditation) to a recognised Quality Assurance standard. (eg. Investors in People)

Yes No

Please specify which:

5. Advice Service Staffing

Please include all staff that are in any way related to the advice service, continue on a separate page if necessary. Email address will be subscribed to Advice NI unless otherwise indicated

Name	Job Title & email address	Relevant Experience	Relevant Qualifications	Training & Development in the last 12 months and provider
Paid <input type="checkbox"/> Voluntary <input type="checkbox"/>				
Paid <input type="checkbox"/> Voluntary <input type="checkbox"/>				
Paid <input type="checkbox"/> Voluntary <input type="checkbox"/>				
Paid <input type="checkbox"/> Voluntary <input type="checkbox"/>				

6. Membership and Professional Indemnity & Directors & Officers Insurance Fee's

Category Description	NUMBER OF WORKERS IN CENTRE Work out your membership fee from the number of paid staff (include any staff who don't give advice, i.e. admin staff)
1	Centres with volunteers only
2	Centres with up to and including 2 paid workers or equivalent. 2 workers are the equivalent of 70 hours paid staff time per week
3	Centres with more than 2 but less than 6 paid workers
4	Centres with 6 or more paid workers

Membership Category	Membership only	Tick	Membership Inclusive of Professional Indemnity Insurance *	Tick	Membership inclusive of Professional Indemnity, Directors and Officers Insurance *	Tick
1	£47		£299		£485	
2	£98		£380		£565	
3	£147		£485		£640	
4	£210		£570		£730	

Payment please tick appropriate box

We enclose a cheque payable to Advice NI	<input type="checkbox"/>
Please invoice us for the amount ticked above	<input type="checkbox"/>
Please note payment terms are 30 days	

Important Notes *

- Summary of cover, available from Advice NI
- Professional Indemnity Limit of Indemnity £500,000 Aggregate Excess £500
- Directors & Officers Limit Of Indemnity £500,000 Aggregate Nil Excess
- Cover as per Advice NI master policy
- Limited to members with an overall turnover of less than £2,000,000
- Cover is not in place until confirmed in writing by underwriters and acceptance by them of your membership and insurance application details
- Cover is available to Not for Profit organisations Only
- Excludes cover for advice provided by Solicitors, barristers or related professionals who should obtain cover under their own indemnity insurance

Insurance Section

7. Insurance Application & Conditions

1.	Name of Organisation:		
(a)			
(b)	Activities:		
(c)	Total number of employees (full and part-time):		
(d)	Income:		
2.	Have you made a surplus in at least one of the last three years?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(a)			
(b)	Do you provide any legal, investment advice or professional services to third parties for a fee?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(c)	Have you declared a positive net worth in your latest annual accounts (total assets exceeded total liabilities)?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(d)	Are your accounts reviewed by a qualified accountant at least once a year?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(e)	Are written employment and grievance policies communicated to all new and existing employees?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(f)	Are all disciplinary actions or employee terminations subject to prior review and approval by a suitably qualified professional advisor?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(g)	In the last five years, have you been the subject of any employment claim or investigation?	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(h)	Are all duties segregated so that at least dual control exists on signing cheques, issuing instructions for disbursement of assets or funds, fund transfer procedures and investments?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(i)	In the last five years, have the charity or any insured person been the subject of an investigation by any official body or institution?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(j)	In the last five years, has any claim been made against the charity or any insured person?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(k)	After enquiry, are the charity, trustees or any employee aware of any fact, circumstance, allegation or incident which may give rise to a claim under the proposed policy?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If you have ticked any of the shaded boxes, please provide further details (please attach additional pages if necessary):			

8 Insurance Application & Conditions continued

Material information	Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let Advice NI have details.
Data Protection Act	By signing this Proposal Form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Acts 1988 & 2003. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.
Complaints	If you have a complaint, please contact your insurance broker via Advice NI in the first instance. If your complaint cannot be resolved satisfactorily by your insurance broker, please contact our customer services team: Telephone: 0044 870 084 3777 Email: customerservices@hiscox.com Address: Hiscox Insurance Company Ltd, 1 Great St Helen's, London ec3a 6hx

Declaration of Insurance

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed. I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance. I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Hiscox Insurance Company Limited to avoid this insurance. I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance. I/we authorise Marsh Ltd (the Insurance Broker for this contract) To discuss this application and insurance with Advice NI

Name (please print):

Signature:

Position in Organisation:

Date:

Declaration of Membership

Please make sure you read the following Conditions of Membership before signing the Declaration

1. Members must fulfil **all** the Advice NI Membership criteria as detailed in this form.
2. MEMBERSHIP CANNOT BE SHARED. Where centres share the same management committee but operate as distinct units in different places with their own staff, each centre must join Advice NI separately.
3. Advice NI Professional Indemnity Insurance is only available to members of Advice NI.
4. Advice NI reserves the right to cancel your Membership if actions by the centre bring the name of Advice NI into disrepute.

I have read and understood the Conditions of Advice NI Membership. I confirm that we meet all the Advice NI Membership criteria detailed overleaf and we have provided all the documentation requested overleaf or we are actively working with Advice NI to provide this documentation. I understand that if we do not meet these undertakings our Advice NI Professional Indemnity Insurance will be invalidated. I hereby apply for/renew our Advice NI membership.

Name (please print):

Signature:

Position in Organisation:

Date:

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